

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10756217

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 41            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 41 minus 20 = | 21           |
| INDEPENDENT CLAIMS  | 3 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 31                               | Minus | 20                                 | =             |
|             | Independent   | 2                                | Minus | 3                                  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    |    | RATE      | FEE    |
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | 378    |
| X43=      |        | OR | X86=      | 0      |
| +145=     |        | OR | +290=     | 0      |
| TOTAL     |        | OR | TOTAL     | 1148   |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

|            |                  |    |            |                  |
|------------|------------------|----|------------|------------------|
| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
| XS 9=      |                  | OR | XS18=      |                  |
| X43=       |                  | OR | X86=       |                  |
| +145=      |                  | OR | +290=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

5/18/05

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | 31                               | Minus | 41                                 | = 0           |
|             | Independent   | 2                                | Minus | 3                                  | = 0           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|            |                  |    |            |                  |
|------------|------------------|----|------------|------------------|
| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
| XS 9=      |                  | OR | XS18=      |                  |
| X43=       |                  | OR | X86=       |                  |
| +145=      |                  | OR | +290=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   |                                  | Minus |                                    | =             |
|             | Independent   |                                  | Minus |                                    | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|            |                  |    |            |                  |
|------------|------------------|----|------------|------------------|
| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
| XS 9=      |                  | OR | XS18=      |                  |
| X43=       |                  | OR | X86=       |                  |
| +145=      |                  | OR | +290=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is 1 or less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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